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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Peru

Proposed UNFPA assistance: $15 million, $9.5 million from regular resources and $5.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fifth

Category per decision 96/15: B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	6.5	5.5	12.0
Population & development strategies	2.5	-	2.5
Advocacy	0.5	-	0.5
Total	9.5	5.5	15.0

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INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	52.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	59.0	≥55
Access to basic health services (%)[3]	75.0	≥60
Infant mortality rate (/1000)[4]	64.0	≤50
Maternal mortality rate (/100,000)[5]	300.0	≤100
Gross female enrolment rate at primary level (%)[6]	100.0	≥75
Adult female literacy rate(%)[7]	80.9	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	23,780
Population in year 2000 (000)	26,082
Sex ratio (/100 females)	101.3
Per cent urban	72.2
Age distribution (%)	
Ages 0-14	35.1
Youth (15-24)	20.7
Ages 60+	6.4
Percentage of women aged 15-49	52.0
Median age (years)	22.0
Population density (/sq. km.)	19
Annual population growth rate (%)	1.9
Urban	2.5
Rural	0.1
Crude birth rate (/1000)	25.7
Crude death rate (/1000)	6.5
Net migration rate (/1000)	-0.6
Total fertility rate (woman)	3.11
Life expectancy at birth (years)	
Males	65.5
Females	69.4
Both sexes	67.4
GNP per capita (U.S. dollars, 1994)	1,890

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of Peru to achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $9.5 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This is UNFPA's fifth cycle of assistance to Peru.

2. The proposed programme was developed, in full cooperation with the Government, taking into account the recommendations of a programme review and strategy development (PRSD) mission conducted in May/June 1996. The proposed programme seeks to improve the quality of and access to reproductive health, including family planning and sexual health, services in the country by focusing assistance to reproductive health programmes in selected geographical areas that have been identified by the Government on the basis of poverty indicators and unmet reproductive health needs.

3. The proposed programme aims at reducing Peru's inequities in access to and quality of reproductive health services and reducing unwanted pregnancies and abortion among Peruvian adolescents by promoting responsible behaviour and access to services. It also seeks to strengthen Peru's capacity to integrate population factors into the design and implementation of poverty alleviation programmes and to improve the self-reliance of the country's Regional Population Councils. Further objectives include consolidation of political support for reproductive health and gender programmes in regional governments and to mobilize support at the community level for quality reproductive health services.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. For more than a decade, Peru was wracked by political violence, massive displacement of population and paralysis of economic activities in large areas of the country, particularly in the Andean mountain regions. Conditions have somewhat stabilized in recent years, but even with economic growth rates of about 7 per cent annually over the past four years, the economy has recovered only to a level comparable to that of 1980. A 1993 census showed that 56.8 per cent of the country's population lives in poverty and that over 90 per cent of the rural population lives in extreme poverty, unable to satisfy basic needs.

6. Peru is classified a "B" category country according to UNFPA's new approach for resource allocation, having met five of the indicators related to ICPD goals. However, the overall indicators disguise the fact that Peru is characterized by wide polarities in its demographic and reproductive health indicators. Maternal mortality rates are 50 per cent higher in rural areas than the national average, while the infant mortality rate is four times greater in certain remote regions (Grau and Apurimac) than it is in the metropolitan area of Lima and Callao. Demographic and health surveys show that fertility is much higher than desired among women with no education, clearly suggesting lack of options for poor populations. The distribution of populations in extreme poverty is associated with the distribution of indigenous groups, and efforts to improve the supply and quality of reproductive health services must take account of the sociocultural background of these rural populations.

7. There is a high demand for the prevention of undesired pregnancies in Peru and a strong need for reliable long-term and permanent methods of contraception. It is estimated that about 270,000 unwanted pregnancies end in abortion every year. About 30 per cent of all hospital beds for gynaecological and obstetric services are occupied by patients for the treatment of complications of unsafe abortions. Observed inequalities reveal inadequate availability of quality reproductive health services to poor populations and adolescents. The Government has given high priority to promoting reproductive rights and services, believing that universal access to those services and to associated information, education and communication (IEC) is an essential component of the National Strategy for Poverty Alleviation.

Previous UNFPA assistance

8. The previous, fourth, country programme had as its main objective assisting the Government in implementing of the National Population Programme (NPP). The goals of the NPP were largely achieved: indeed, the NPP's goals for reducing national population growth and total fertility rates were exceeded as was the increase of the contraceptive prevalence rate. Under the UNFPA programme, 17 health subregions received technical assistance, training, medical equipment, contraceptives and IEC materials on reproductive health. Teaching guides for parents and teachers of secondary schools regarding gender issues, reproductive rights and reproductive health were officially launched by the President of the Republic himself in 1996. A National Programme for the Advancement of Women was developed with the active participation of non-governmental organizations (NGOs) and with UNFPA assistance.

9. One successful feature of the previous programme was the full involvement of national institutions and project teams in identification, formulation and implementation of programme activities, an approach which led to enhanced commitment. In addition, the decentralized development of IEC materials produced culturally-sensitive materials appropriate to the diversity of Peru. Decentralized implementation of reproductive health programmes by subregional health

bureaux furthermore proved instrumental in building capacity at that level and reaching target populations more effectively.

10. In some subregions, programme management and substantive monitoring and evaluation are still weak, however, and it is clear that the central level must be further supported in its role of setting standards and monitoring compliance to norms and quality of services. At the same time, regions must be given more autonomy in the design and implementation of their specific projects. The proposed programme therefore will give special attention to better definition of indicators of "impact" and "process" to facilitate monitoring and evaluation, becoming integral aspects of programme implementation and evaluation. Decentralization will be further strengthened with programme management training, including in meeting financial and reporting requirements, as well as improved intersectoral coordination.

11. UNFPA has gained significant experience in Peru in working with adolescents to improve their reproductive health, including the development of monitoring and evaluation tools to assess results. This experience has been used by other donors in developing their own programmes. The Fund has also developed a comparative advantage in terms of integrating population issues into regional development plans and, under the proposed programme, will continue capacity-building activities to effectively integrate population and gender aspects into regional poverty alleviation efforts. UNFPA has developed model working relations with regional governments, Regional Population Councils (COREPOs) and regional health bureaux as well as with many of the country's NGOs working in the population field and for the empowerment of women.

Other external assistance

12. Development assistance in Peru comes from several multilateral lending institutions, such as the Inter-American Development Bank (IDB) and the World Bank, and with direct assistance from various United Nations agencies; their programmes provide varying degrees of support in the population and reproductive health areas. In 1992-1996, the IDB provided $88 million for institutional reforms of the health sector. In 1996, the World Bank approved loans of $35.7 million for the next three years for health, education and social development. UNICEF supports activities related to Safe Motherhood, including the provision of delivery kits, training of midwives and promotion of the rights of children and adolescents.

13. The United States Agency for International Development (USAID) allocated $118.8 million in development assistance to Peru for 1997-2000, including substantial amounts in the areas of family planning, child survival and reproductive health. The British Overseas Development Administration (ODA) is providing assistance for family planning activities over the period 1994-1999 as well as providing $1.8 million in multi-bilateral assistance to the UNFPA programme. The Japan International Cooperation Agency (JICA) supported the Ministry of Health with $3.1 million for

equipment and training in maternal and child health and family planning (MCH/FP) during the period 1989-1995. National NGOs implement many of the population activities assisted by bilateral development agencies. There are 42 national NGOs identified as being active in population and in gender activities in Peru and four international NGOs: Pathfinder International, The Population Council, CARE International and the International Planned Parenthood Federation (IPPF).

Proposed programme

14. The overall objective of the proposed programme is to assist the Government's implementation of the NPP in an effort to respond to unmet demand for reproductive health services, to advance gender equity and to promote responsible sexual behaviour among adolescents. The programme will also support the objectives of the national reproductive health programme to reduce the maternal mortality rate to 100 per 100,000 live births and perinatal mortality to 50 per cent of its 1995 level, as well as to expand the coverage of health services so that 80 per cent of the first referral centres offer obstetric services and essential neonatal care and 50 per cent of couples have access to modern family planning methods.

15. To accomplish these goals, the programme aims at strengthening institutions, particularly at the regional level, to enable them to efficiently target interventions and design and apply methodologies for effective evaluation and monitoring. In addition, the programme will strengthen management at the decentralized level while improving the central level's capacity for coordination and quality control. Full utilization of anthropological and cultural data will be encouraged, one aim of which is to improve the design of poverty alleviation programmes. Multi-source and multisectoral databases will be created and utilized to assist local governments and community organizations in conducting situation analyses and prioritizing population and development activities.

16. Reproductive health. UNFPA will support the Government's efforts to establish procedures to improve and monitor the quality of reproductive health and family planning services, particularly concerning the technical competence of service providers. The proposed programme aims to increase the quality and availability of and access to reproductive health services in communities most affected by poverty, reduce maternal mortality and levels of abortion, expand the choice of available contraceptives and improve access of adolescents to counselling and reproductive health services. The Fund will select priority geographical areas for its interventions according to such criteria as maternal mortality levels, contraceptive prevalence rates and the level of adolescent fertility. Further decentralization in the priority areas will be promoted by strengthening local institutions, giving special attention to creating conditions for long-term sustainability of reproductive health services and to identifying interventions of low cost and high impact. The Fund will help promote coordination of the activities of these institutions at the regional and local levels as well as the integration of programmes addressing family planning, maternal and perinatal health, adolescent health, detection

of gynaecological cancer and prevention of sexually transmitted diseases (STDs), including HIV/AIDS.

17. Population and development strategies. The technical capacity of key national and regional institutions will be strengthened in order to effectively link the implementation of the NPP with the National Poverty Alleviation Programme. Existing data sets will be integrated and appropriate methodologies employed to prioritize areas for social investments and to evaluate the feasibility of specific efforts regarding the return of displaced populations. In addition, existing data will be utilized at both the regional and local levels for the analysis of population issues related to priority themes such as reproductive health, women's status and needs, youth health and sexual education needs, male participation in family planning, demographic impact on the environment. The programme will also assist in the dissemination of these analyses to increase awareness and guide interventions.

18. Advocacy. The proposed programme will assist the Government in developing the National Advocacy Programme to raise awareness and commitment to reproductive rights, prevention of domestic violence, promotion of quality family planning services, gender equity, sexual education in schools, support to displaced populations, and research and dissemination of knowledge about linkages among population, environment and poverty alleviation. The programme will seek to strengthen and consolidate political support for reproductive health and gender programmes in regional governments and, secondly, to generate support at the community level for the promotion of quality reproductive health services and individual reproductive rights of clients. The implementation of the programme will be decentralized, with careful identification of partner organizations and definition of areas of responsibility. Wide consultation involving NGOs, especially those active in gender and population, and regional institutions will be the guiding principle in the formulation and implementation of the National Advocacy Programme.

Implementation, monitoring, evaluation and coordination

19. The programme will be nationally executed, with implementation largely decentralized, although some activities will be retained at the central level for greater efficacy. A Programme Management Committee (PMC) will be established to oversee implementation, monitoring and evaluation. The PMC will be coordinated by the Ministry for the Advancement of Women and Human Development with representatives of the Ministries of Health and Education and the Executive Secretariat for International Technical Cooperation of the Ministry of the Presidency and regional governments. Representatives of related programmes will also be invited, as appropriate, to participate in the PMC meetings to facilitate coordination. UNFPA maintains close and continuous contact with other external assistance agencies, exchanging information on the implementation of their respective programmes.

20. The PMC will be supported by a national technical support team composed of national programme personnel and counterparts from concerned ministries. To strengthen monitoring and evaluation, quarterly financial reports will be submitted together with brief substantive reports on project implementation. Field monitoring visits will be conducted by the programme management at least twice a year for all projects.

21. Three sub-programmes in the areas of reproductive health, population and development strategies, and advocacy will be formulated with strong linkages among them and clearly defined coordinating mechanisms. There will be overall goals for each sub-programme and specific objectives assigned to participating agencies. The workplan of each executing agency will be defined with a view towards achieving maximum possible coordination with other executing agencies. Annual plans will be prepared and jointly adjusted to produce synergies of joint and/or synchronized interventions. Methodologies for the quantitative and qualitative measurement of progress and impact will be developed at the beginning of the programme. These monitoring and evaluation instruments will be reviewed at the Programme Management Committee meetings and adjusted in line with experience and changing programme needs.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance for Peru as presented, in the amount of $15 million over the period 1997-2001, $9.5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $5.5 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.